



Gerd W. Clabaugh, MPA
Director

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ABUSE EDUCATION REVIEW PROCESS

APPLICATION FOR USE OF ALREADY-APPROVED CURRICULUM

THIS APPLICATION REQUIRES THE SIGNATURE OF THE OWNER/HOLDER OF THE CURRICULUM AND A LETTER (ON LETTERHEAD) GRANTING PERMISSION TO USE.

Applicant:

Address:

City/State/Zip:

Contact Person:

Phone:

E-mail:

Corporate Affiliates (if applicable, list names and location of entities that are legally connected to the applicant or who have established a partnership to share the curriculum):

Curriculum Training Area Check Appropriate Blank (✓)
Child Abuse () Dependent Adult Abuse () Combination ()

Applicant Signature: _____ **Date:** _____

INFORMATION ON ALREADY-APPROVED CURRICULUM

Curriculum Title:

Approval Number and Date of Approval:

Original signature of owner/holder of curriculum verifying that the curriculum is current and updated with the Iowa Code. **A LETTER (ON LETTERHEAD) GRANTING PERMISSION TO USE THE CURRICULUM MUST BE ATTACHED.**

Return one copy of this signed application form and letter to Karin Ford, CHC, Iowa Department of Public Health, Lucas State Office Building, 6th Floor, Des Moines, Iowa 50319. Direct questions to 515-242-6336, or karin.ford@idph.iowa.gov, or FAX 515-281-4535.